

Application Data Sheet**Application Information**

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| Application number:: | TBA |
| Filing Date:: | August 3, 2006 |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | NONE |
| Number of CD disks:: | |
| Number of copies of CDs:: | |
| Sequence submission?:: | YES |
| Computer Readable Form (CRF)?:: | YES |
| Number of copies of CRF:: | 1 |
| Title:: | DIAGNOSTICS AND THERAPEUTICS FOR DISEASES ASSOCIATED WITH PLASMA KALLIKREIN (KLKB1) |
| Attorney Docket Number:: | 004974.01210 |
| Request for Early Publication?:: | NO |
| Request for Non-Publication?:: | NO |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 3 |
| Small Entity?:: | NO |
| Latin name:: | |
| Variety denomination name:: | |
| Petition included?:: | NO |
| Petition Type:: | |
| Licensed US Govt. Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | NO |

Applicant Information

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|---|-------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | DE |
| Status:: | Full Capacity |
| Given Name:: | Stefan |
| Family Name:: | GOLZ |
| City of Residence:: | Essen |
| State or Province of Residence:: | |
| Country of Residence:: | DE |
| Street of mailing address:: | Bückmannsmühle 46 |
| City of mailing address:: | Essen |
| State or Province of mailing address:: | |
| Country of mailing address:: | DE |
| Postal or Zip Code of mailing address:: | 45326 |

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|---|-----------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | DE |
| Status:: | Full Capacity |
| Given Name:: | Ulf |
| Family Name:: | BRÜGGEMEIER |
| City of Residence:: | Leichlingen |
| State or Province of Residence:: | |
| Country of Residence:: | DE |
| Street of mailing address:: | Leysiefen 20 |
| City of mailing address:: | Leichlingen |
| State or Province of mailing address:: | |
| Country of mailing address:: | DE |
| Postal or Zip Code of mailing address:: | 42799 |

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Andreas
Family Name:: GEERTS
City of Residence:: Wuppertal
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Schucherstrasse 29
City of mailing address:: Wuppertal
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: **Inventor**
Primary Citizenship Country:: DE
Status:: Full Capacity
Given Name:: Holger
Family Name:: SUMMER
City of Residence:: Wuppertal
State or Province of Residence::
Country of Residence:: DE
Street of mailing address:: Katernberger Schulweg 3
City of mailing address:: Wuppertal
State or Province of mailing address::
Country of mailing address:: DE
Postal or Zip Code of mailing address:: 42113

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This Application | National Stage of | PCT/EP2005/000607 | 22 January 2005 |
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Foreign Priority Information

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|------------------|--------------------|
| Europe | 04002289.9 | 03 February 2004 | Yes |
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Assignee Information

Assignee name:: BAYER HEALTHCARE AG

Street of mailing address::

City of mailing address:: Leverkusen

State or Province of mailing address::

Country of mailing address:: GERMANY

Postal or Zip Code of mailing address:: 51368